

City of Northampton

Application for Business Owner's Permit - Vehicle for Hire

PRINT ALL INFORMATION (except signature)
(Check one) New Application Renewal Today's Date: March 24, 303
(Check one) Taxi Service Livery Service
Name (First, Middle, Last) CHARLES BARLOOH ACKETET
Residential Address 19 MAPLE SI, ETSIHAMPION, MA 0/027 Number Street City/Town State Zip Code
Corportation Name: HAMPTON TAXI SERVICE LLC.
DBA Name:
Business Address 19 MAPUT SI EMSITHMPION MA O/O27 Number Street City/Town State Zip Code
Mailing Address 19 MAPLE SI, EASTHAMPTON, MA 01027
Number Street City/Town State Zip Code Telephone Number for the husiness owners 44.7 O.D.7 CO.4.
Telephone Number for the business owner: 413-203-5241
Telephone Number for the business: $4/3-320-00/2$
Description of Motor Vehicles to be operated under permit: 2 - CHILD SOMS FOR:
2009 & 2010 CHRYSLOR TOWN & COUNTRY.
SILVOR IN COLOUR WITH-BOLD GRAPHICS
Hours of Operation: 8AM - 12.00 AM
10013 01 Operation. 81111 - 12-00 AM
Miller B
Sworn to this 24th day of March, 20 3 beforeme.
FOR LICENSING AUTHORITY USE City Clerk
In City Council,, voted that this petition is
is not granted.
Attest:
Clerk to the City Council



CITY OF EASTHAMPTON • MASSACHUSETTS OFFICE OF THE MAYOR Nicole LaChapelle

March 8, 2023

To whom it may concern:

Mr. Charles Ackeifi, who resides at 19 Maple Street, is current and up-to-date with their tax obligations with the City of Easthampton per our collections department.

Should you have any questions or concerns, please do not hesitate to contact our office.

Thank you,

Lindsi Mailler

Executive Assistant



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

December 29, 2021

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

HAMPTON TAXI SERVICE LLC.

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **DECEMBER 28, 2021.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: CHARLES BANDOH ACKEIFI

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: CHARLES BANDOH ACKEIFI

The names of all persons authorized to act with respect to real property listed in the most recent filing are: CHARLES BANDOH ACKEIFI



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

ellian Travino Galicin

Progressive P.O. Box 94739 Cleveland, OH 44101 PROGRESSIVE"

Named insured

HAMPTON TAXI SERVICE LLC 19 MAPLE ST EASTHAMPTON, MA 01027 Policy number: 02867174

Underwritten by: Progressive Casualty Insurance Co February 9, 2023

Policy Period Mar 1, 2023 - Mar 1, 2024 Page 1 of 2

progressive commercial.com

Online Service

Make payments, check billing activity, print policy documents, update your policy or check the status of a claim

1-800-895-2886

For customer service and claims service. 24 hours a day, 7 days a week

Commercial Auto Insurance Coverage Summary

This is your revised Renewal Declarations Page Your policy information has changed

This Renewal Declarations Page is effective only if the minimum amount due to renew your policy is received or postmarked by March 1, 2023.

Your coverage begins on March 1, 2023 at 12:01 a.m. This policy expires on March 1, 2024 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. Compulsory limits are included in, not in addition to, optional limits. The policy contract is form 6912 (02/19). The contract is modified by forms 2852MA (02/19), 1652MA (02/19), 4852MA (02/19), 4881MA (02/19) and 2228 (01/11).

The named insured organization type is a corporation.

Policy changes effective March 1, 2023

Premium change:	-\$1,321.00
Changes:	A Paid In Full discount has been added to your policy. The Electronic Funds Transfer discount has been removed from your policy Your payment option was changed from Electronic Funds Transfer (EFT) to paid
	in full.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$6,424
Compulsory Bodily Injury Liability Compulsory Property Damage Liability	\$20,000 each person/\$40,000 each accident \$5,000 each accident		
Optional Bodily Injury Liability Optional Property Damage Liability	\$100,000 each person/\$300,000 each accident \$100,000 each accident		
Uninsured Motorist Bodily Injury	\$100,000 each person/\$300,000 each accident		80
Underinsured Motorist	Rejected		
Personal Injury Protection	\$8,000 limit per person	\$0	822
Medical Payments	Rejected		
Total 12 month policy premium		0.000.000.000.000	\$7,326

Rated drivers



1	CHARL	ES A	CKEIFI

2. DONNA H THANEUF

Auto coverage schedule

1 2010 CHRYSLER TOWN & COUNTRY

VIN: 2A4RR8D12AR481224 Garaging Zip Code: 01027 Radius: 50 miles

Personal use: N Body type: Mini Van

Liability Premium Liability Premium \$3212 UM BI Premium \$40

PIP Premium \$420 Auto Total

\$3,672

2. 2009 CHRYSLER TOWN & COUNTRY

VIN: 2A8HR541X9R505497 Garaging Zip Code: 01027 Radius: 50 miles

Personal use: N Body type: Mini Van

Liability Premium Liability Premium \$3212 VM BI Premium \$40 PIP Premium \$402

Auto Total \$3,654

Premium discount

Policy

02867174

Paid In Full

Company officers

President

Pt 9. almit

Secretary

